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CONFIRMATION NO. 4649

SERIAL NUMBER 09/941,170	FILING DATE 08/28/2001 RULE	CLASS 370	GROUP ART UNIT 2661	ATTORNEY DOCKET NO. 12128-153001
APPLICANTS Ken Dumble, Belmont, MA; Matthew Miller, Mansfield, MA; Edward J. Kearns, Hollis, NH; Helen Butcher, Woburn, MA; John Booth, Norcross, GA; Vincent Fuller, Palo Alto, CA;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/01/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY MA	SHEETS DRAWING 2	TOTAL CLAIMS 12 INDEPENDENT CLAIMS 2
ADDRESS FAUSTINO A. LICHUACO Fish & Richardson P.C. 225 Franklin Street Boston, MA 02110-2804				
TITLE High capacity backbone				
FILING FEE RECEIVED 870	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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BIBDATASHEET

CONFIRMATION NO. 4649

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SERIAL NUMBER 09/941,170	FILING DATE 08/28/2001 RULE	CLASS 359	GROUP ART UNIT 2633	ATTORNEY DOCKET NO. 12128-153001
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APPLICANTS

Ken Dumble, Belmont, MA;

Matthew Miller, Mansfield, MA;

Edward J. Kearns, Hollis, NH; Helen Butcher, Woburn, MA;

John Booth, Norcross, GA;

Vincent Fuller, Palo Alto, CA;

** CONTINUING DATA *****

NONE to

** FOREIGN APPLICATIONS *****

NONE to

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/01/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY MA	SHEETS DRAWING 2	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 2
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ADDRESS

26161
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 02110

TITLE

High capacity backbone

FILING FEE

FEES: Authority has been given in Paper
 No. _____ to charge/credit DEPOSIT ACCOUNT

☐ All Fees☐ 1.16 Fees (Filing)☐ 1.17 Fees (Processing Ext. of time)